



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS

CHRONOLOGICAL FACE SHEET

Name: _____ Date of Birth: _____ Social Security Number: _____ Youth ID: _____ CAPS ID: _____
Date Committed: _____ Commitment County: _____ Commitment Expiration: _____
Youth Correctional Facility: _____ LOS Range: _____ Tentative Parole: _____

DESCRIPTION Sex: _____ Race: _____ Weight: _____ Height: _____ Tribe: _____
Eye Color: _____ Enrollment Number: _____ Complexion: _____ Hair Color: _____
Marks/Tattoos: _____

FAMILY INFORMATION Custody Arrangement: _____
Father: _____ Telephone #: _____
Address: _____
Step-Mother: _____ Status: _____
Siblings/Ages: _____

Mother: _____ Telephone #: _____
Address: _____
Step-Father: _____ Status: _____
Siblings/Ages: _____

YLS/CMI

Initial Score: _____	Date: _____	Level of Supervision: _____
Re-Assess Score: _____	Date: _____	Level of Supervision: _____
Re-Assess Score: _____	Date: _____	Level of Supervision: _____
Re-Assess Score: _____	Date: _____	Level of Supervision: _____
Re-Assess Score: _____	Date: _____	Level of Supervision: _____

SPECIAL CONDITIONS: _____

RESTITUTION

Restitution Amount Owed: \$ _____

Restitution Log

<u>Date</u>	<u>Amount Paid</u>	<u>Balance Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFENSE HISTORY

Prior Offenses: _____

Committing Offenses: _____

Psych. Eval. (Date): _____ CD Eval. (Date): _____

Date of Picture: _____